



*Washington*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>		A. Signature <i>X Cornell Song</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
		B. Received by (Printed Name) C. Date of Delivery <i>12/15/06</i>	
 Sidney Williams Central Office 301 S. Ripley Street Montgomery, AL 36130		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>2:06cv1082-MHT (Comp Order 40 Dep)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

*Washington*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>		A. Signature <i>X Cornell Song</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
		B. Received by (Printed Name) C. Date of Delivery <i>12/15/06</i>	
 William Segrest Director, Parole Board 301 S. Ripley Street Montgomery, AL 36130		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>2:06cv1082-MHT (Comp Order 40 Dep)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	